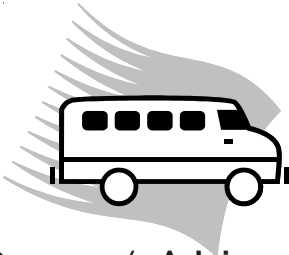


North Carolina Governor's Advisory Council on Aging Transportation Forum

Raleigh, April 21, 2004



Governor's Advisory Council on Aging

Members at large

Ann Johnson, Council Chair
Rev. Phil Brown, Vice Chair
Pat Capehart
Robert Edwards
Max Fenson
Thelma C. Lennon
Jean Kenny Longley
John Lucas
Daniel D. Mosca
Mary M. Murphy
Lee Riddick
Betty Rising
M. W. (Mokie) Stancil
Mary Alice Teets
Quinton Wall
Ruth P. Watkins
Bob White
Ed Worley

Representatives of agencies

Dept. of Administration,
McKinley Wooten, Jr.
NC Community College System, Vacant
Dept. of Crime Control & Public Safety,
Janice Carmichael
Dept. of Cultural Resources,
Eloise T. Jackson
Employment Security Commission,
Wesley Alston
Dept. of Environment & Natural
Resources, Lloyd Inman, Jr.
Dept. of Insurance, Carla Suitt-Obiol
Dept. of Labor, Art Britt
NC Cooperative Extension Service,
Dr. Lucille (Luci) Bearon
Dept. of Public Instruction,
Priscilla Maynor
Teacher's & State Employee's Retirement
Systems Division, Pam
Deardorff
UNC-Chapel Hill School of Public
Health, Dr. Victor W. Marshall
UNC-Chapel Hill School of Social
Work, Dr. Mary Anne Salmon
NC Medical Society, Dr. Robert Sullivan

Council holds forum to gather input for recommendations to the governor

The Governor's Advisory Council on Aging is authorized by state legislation (G.S. 143B-189) to make recommendations aimed at improving human services to the elderly and, among other things, to study ways and means of promoting public understanding of the problems of older adults.

The Governor's Advisory Council chose transportation and housing for its recent focus, because both are significant components of independent living. The proceedings of a forum on housing issues sponsored by the council in 2003 may be viewed at http://www.ltc.duke.edu/occasional_13.htm.

The council's 2004 forum on transportation issues was organized to solicit comments from transportation leaders, providers, and consumers on our state's successes and challenges in providing transportation alternatives. The presentations are highlighted below, followed by the council's recommendations to the Governor for addressing transportation issues.

Johnson and Fenson set the tone

Ann Johnson, chair of the Governor's Advisory Council on Aging, welcomed the audience of more than 170 participants from across the state by recalling her participation in a national forum on transportation some 30 years earlier. She remarked that although there has been progress, there remains room to improve the ability of older and disabled adults to move around their communities. Transportation, together with housing, are the two topics chosen by the council as focuses of their work since 2002, and Johnson invited the participants to help council members develop recommendations to be presented to Governor Michael F. Easley and Carmen Hooker Odom, secretary of the Department of Health and Human Services. Johnson acknowledged the financial

Proceedings prepared for the NC Governor's Advisory Council on Aging by Margaret Morse, CARES, Jordan Institute for Families, School of Social Work, UNC-Chapel Hill, and Phyllis Stewart, NC Division of Aging and Adult Services.

support of the NC Department of Transportation for the forum and the assistance of the NC Division of Aging and Adult Services in coordinating it, and she welcomed several special guests in the audience.

Max Fenson, councilmember from New Hanover County and chair of the transportation committee, reviewed the wealth of information participants had received in their registration packets and the agenda for the day. In particular, he highlighted the report prepared by the Surface Transportation Policy Project (Washington, DC), entitled *Aging Americans: Stranded without Options*, based on national statistics from a survey done in 2001 (see it online at http://www.transact.org/library/reports_html/seniors/aging.pdf) . Among the findings he noted are these, which underscore the importance of a well-developed system of transportation for older and disabled people.

- ▶ Nationally, more than a fifth of people age 65 and older do not drive.
- ▶ Half of those stay home on any given day because they have no transportation.
- ▶ Lack of transportation results in 15% fewer trips for medical care, affecting health; 59% fewer trips to shop or eat out, affecting the economy and producing diverse consequences for individuals; and 65% fewer trips for social reasons, isolating older adults and affecting their health and quality of life.



We have 60% of our population in rural areas and a major part of those people do not have a high school education. They don't know how to go about getting the services they need or the services that are available for them.
—Iris Bristow,
Randolph County

King outlines the challenges

David King, deputy secretary for transit at the NC Department of Transportation, has provided continuity and guidance to that department since 1973. He reviewed the successes of the past 30 years in developing a way to keep people mobile despite physical and economic challenges as well as the work that lies ahead as the state population grows older.

First among the successes is the Governor's Executive Order 21, first signed in 1978 and reauthorized by subsequent governors. This order directs divisions of the Department of Health and Human Services to coordinate transportation services with other agencies and the NC Department of Transportation. North Carolina has been recognized by several federal departments—Human Services, Labor, Transportation, and Education—for this productive approach.

King reviewed some of the collaborative efforts under way to develop light rail systems in Charlotte and the Triangle area. Outside the urban areas, multicounty efforts are an effective response, because they can be more cost-effective,

About 19 percent of North Carolinians age 65 and over do not have drivers' licenses, based on Highway Statistics for 2001 from the Federal Highway Administration.

provide better training of employees, and offer enhanced customer service. Asserting that county lines mean little to people with transportation needs, he said that the Department of Transportation is looking for ways to encourage such regional development by identifying and nurturing natural alliances. He encouraged forum participants to bring their stories about how transportation issues affect lives to their state representatives. At the federal level, bills to fund transportation have passed but the appropriations have not yet been made. Apart from quality of life issues, he noted that postponing one person's entry into assisted living saves from \$30,000 to \$50,000 per year, and convenient, accessible transportation is often the key to remaining in the community.

Panel describes rural and urban responses, consumers share experiences

David Eatman, manager of Tar River Transit, and Gwen Hinson, director of transit in Stanly County, described challenges and innovations in the rural areas they serve.

Eatman referred participants to the information in *Aging Americans: Stranded without Options* as a place to begin the discussion. While more than 50 percent of older adults who don't drive stay home because they don't have options for transportation, in rural areas the rate is even higher. Local options must be flexible and take in all local resources, including human services transportation and volunteers, together with fixed route bus services. He focused on the need to insure that transit stops themselves encourage use of public systems. Bus stops should be well lit; developers should pay attention to whether bus riders can get safely from the local stop to the door of the store. Currently, in his area, people depending on public transportation can't use it to attend evening activities because services stop at 6:30 or 7:00 p.m. However, his transit system has begun to develop ways to link the rural areas with the principal city, acquire low-floor buses that are easier to enter, and study ways to attract a greater senior ridership.

Hinson surveyed operators of rural transit systems across the state and shared comments from 22 systems in her remarks. Most of their services are funded through the Elderly & Disabled Transportation Assistance Program, the Home and Community Care Block Grant (HCCBG), and Medicaid. They identified institutional barriers, including funding not sufficient for the whole year, the need to limit services only to special populations or to serve different areas of the county on different days, and complicated eligibility issues. Others mentioned



*I just have to thank
everybody that has worked
so diligently
in getting transportation
arranged for all of us senior
citizens and disability folks,
because it is just one of the
best things that has ever
happened. We don't want
to be people that sit home
and do nothing. I couldn't
stand that. I mean I just
am not that type of person.*
—Hazel Hill, Nash County

limited understanding of how to access HCCBG funds for transportation or inability to identify a county match for those funds. Others named programs and services they would like to see developed: better marketing and security for customers, education on the use of public transportation for older people, services into the evening, same-day medical transportation for nonemergency situations, support for attendants to help passengers who need special assistance, and funds to help insure that customers can get from their door to whatever transit option they are using. Hinson quoted one person as saying that the transit system is the connection between seniors at home and the services they need, and she remarked that the cost savings of keeping even one person at home would buy a lot of transportation services.

Todd Allen of Raleigh and Ray Boylston of Cary described the urban systems they manage. Both systems collaborate with the Triangle Transit Authority, which serves the greater Raleigh-Durham-Chapel Hill area. Allen described the Capitol Area Transit system, which serves 3.2 million passengers per year with buses and feeder transportation routes running from 4:30 a.m. to midnight, Mondays through Saturdays. He mentioned a survey that indicated only 5 percent of riders are in the 55 to 64 age bracket, and the rate drops to 1 percent for riders 65 and older. He outlined many of their strategies for expansion and improved services, some of which might increase the number of older customers. These include nearly doubling the number of buses in the next 5 years; producing

brochures in large print, Braille, and Spanish; and “talking” buses that help people navigate the system. CAT also operates a paratransit system for people with disabilities, and this is supplemented by subsidies for low-cost cab service for people who cannot use the paratransit system. He also mentioned development of a program for college students and workers in state government that allows free rides to those with proper IDs. His system is also working with developers to plan access; with the city to level sidewalks, make curb cuts, and make transit stops safe and pleasant; and with law enforcement to discourage parking in bus zones.

Ray Boylston described Cary’s rapid growth in recent years, including a 150 percent increase in the proportion of people age 65 and over, most of whom live in the community rather than in senior housing. Spurred by development of a senior center, the town formed a committee and surveyed seniors in the community. Among their principal wishes was door-to-door—not just curb-to-curb—service anywhere in Cary, as well as to the various medical providers in nearby counties. Boylston noted that one way to capture more fed-





eral funding is to find additional local funding to expand services. Cary levied an annual \$5 vehicle registration fee, which has generated substantial revenues in the past few years. The town now makes trips available for \$2 one way in town and \$4 out of town, but this is substantially less expensive than the \$20 and \$30 cost of cab service. He noted the difficulties of expanding a system this responsive to individual needs. Nonetheless, town residents like the service, and the transit authority is looking for additional ways to get funds.

Hazel Hill says she is “just not the type of person to sit at home and do nothing.” She currently lives in Nash County and has depended on public transportation all of her life. In her earlier years, she lived in both Charlotte and Rocky Mount and rode the city buses. Because she is blind, available public transportation enabled her to get to and from work. In retirement, she uses the Tar River Transit system managed by David Eatman, and she noted that both seniors and riders with disabilities have a lot to be thankful for in this system. She uses the DART system for door-to-door transport, often to go to the senior center. Although she would like more flexibility in deciding when to travel, she commented that the time spent waiting for a ride has grown shorter and that even living out in the county she can get around.

Iris Bristow, a Randolph County resident, is an advocate for transit services in her community and a volunteer who helps recruit others to provide services and deliver meals on wheels. She noted that this enables older residents to get to the senior center, many of whom are in their mid- to late 90s and still living at home. In a county whose area is 800 square miles and whose population is 60 percent rural, volunteer transportation services are essential.

Sheats describes development of Rural Planning Organizations

Roger Sheats, Deputy Secretary for Environment, Planning, and Local Government Affairs in the NC Department of Transportation, began his presentation with the perhaps startling revelation that among the 9 national awards the state has received for planning transportation, one is from the National Association of Land Trusts for conservation. As care of the land enhances quality of life for North Carolina’s citizens, so does well-planned transportation, and not just for older adults.

The newest message in planning, and the principal responsibility of his position in the DoT is the development of Rural Planning Organizations (RPOs). In 2000, Senate Bill 1195 specified the responsibilities of RPOs, and the current administration has made them a reality, with 20 chartered across the state.

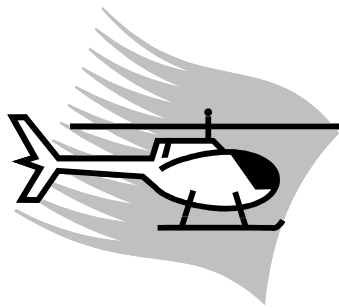
North Carolina used to be known as the “good roads” state, but transportation is becoming a lot more than highways.

—Roger Sheats, NCDOT

Sheats outlined the responsibilities of an RPO, which include the development of a long-range local and regional multimodal transportation plan, in cooperation with the state and the public. RPOs consist of locally elected advisory committees, which make policy, and technical coordination groups, which develop detailed plans. Asked what he meant by *multimodal*, particularly in a rural setting, Sheats responded that transportation planning needs to include all the methods that people use in getting from place to place—walking, bicycling, driving, riding on buses or trains, even flying. In rural areas transit looks different because of the distances involved, and plans need to be defined by and for rural residents. RPOs should examine all the possible modes to find what works locally. He noted that the state is moving away from aggressive road building to maintaining current roads and developing other ways for people to get around. Alternate means of transportation are big business in urban areas and will become so in rural areas, so he suggested that now is the time to seize the opportunity to plan.

North Carolina has

- ▶ 20 urban transit systems
- ▶ 2 regional urban systems (Triangle Transit Authority and Piedmont Authority for Regional Transportation)
- ▶ 85 community transportation systems serving all 100 NC counties (4 systems provide services only to human service agencies and not the general public).



Bogren reviews efforts to make Medicare funds available for nonemergency medical transportation

Scott Bogren, communications director of the Community Transportation Association of America and editor of *Community Transportation*, the leading publication on the subject, began with an anecdote. On a site visit to South Dakota, he met with a group of seniors in a rural area of the state. All were taking chemotherapy, but many had decided to stop their course of treatment rather than call on their families and friends to make the hour-and-a-half drive in winter to the nearest hospital where treatment was available. The consequence of this decision for many of them would be death. Spurred to action, the association helped them get vans to take them for treatment. From this story, he made two points.

First, it's time for participants to tell their stories to local and national decision makers. Major federal legislation to fund transportation is up for reauthorization. While local and regional organizations have been working on coordination for a quarter of a century, Congress seems only to have discovered this strategy recently, as they try to make up for years of inadequate investment. He suggested pitching transportation as an *investment* in the community, one that pays for itself and more, rather than requesting *funding*, which sounds as if there is no return for money spent.

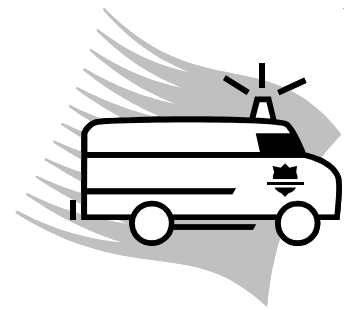
*Discussions of
transportation are not
about transportation but
about “how do you want to
live?” How do you want to
get to your job, to school?*

*—Scott Bogren,
Community Transportation
Association of America*

Second, he described some of the rationales for and unsuccessful efforts to include nonemergency medical transportation as part of the recent Medicare reform bill. Limiting Medicare payment only to emergency transportation by ambulance wastes money that could be spent more effectively for responsive nonemergency medical transportation using public vehicles. He noted that more than half the trips charged to Medicare for seniors in rural counties aren't really for emergencies, but a \$400 ambulance ride is the only way to get to necessary treatment. An amendment related to transportation appeared briefly in the Medicare reform bill, but the quest for prescription drug coverage soon took center stage. There is some potential funding for demonstration projects in the bill that passed, and the amendment may yet be considered. He also encouraged participants to pay attention to two bills currently up for reauthorization, S1072 and HR3550 and to use their expertise to educate lawmakers.

Hawley describes NC's new Web-based system for coordinating out-of-county medical trips

Pam Hawley, program consultant with NCDOT's Public Transportation Division, outlined a system recently launched to help people get to medical services at regional healthcare facilities in other counties. Traditionally, counties have not coordinated with bordering counties when transporting people to regional facilities, leading to unnecessary duplication of services. Ironically, medical facilities were often at a loss when faced with the need to get patients with limited means to and from medical appointments and hospital stays. Now, the DoT has developed a website that allows transit systems to post cross-county trips. It also allows the general public, health care providers, and human service professionals to view scheduled trips, request rides, and look for opportunities to coordinate medical appointments with available transportation. The Web-based system makes it easy for long-distance family members to help make arrangements. One man living in New Jersey regularly schedules transportation for his mother in the Triad. Hawley noted that rides need to be requested 7 days in advance, if possible, and that services are dependent upon the availability of funding. Assistance can be requested through either the website or a toll-free phone number.



www.nctransit.org

866-349-2571

(toll free)



McGehee highlights award-winning collaboration between DHHS and DoT

Kathy McGehee, transportation program administrator for the NC Department of Health and Human Services, is the liaison between that department and the NCDOT. She emphasized that transportation is one of DHHS's priorities and briefly reviewed the Transportation Report Information Project (TRIP), a state-level, interdepartmental initiative to develop uniform policies for DHHS-funded transportation, reduce expenditures, and expand resources for providing transportation services. The TRIP team outlined expenditures by division and funding source for SFY 2001–02 and researched DHHS programs and transportation issues prior to making recommendations to the Secretary of DHHS. McGehee said that the TRIP team grew out of the Human Services Transportation Council, a long-standing collaboration between DoT and other state agencies that fund transportation. NC's history of coordinating transportation services at both the state and local levels was recognized in February 2004 when representatives from DHHS and DoT received a United We Ride State Leadership award from the Federal Transit Administration.

Johnson and Fenson conclude the discussion

Ann Johnson, chair of the Governor's Advisory Council on Aging, and Max Fenson, chair of the council's transportation committee, made the following points to summarize the forum:

- ▶ The progress indicated by the forum's presentations also provides clues for how to make the system better.
- ▶ Transportation is a necessity for access to many other services, and a high priority must be placed on its availability.
- ▶ Although we might be tempted to think of transportation as a problem, it is in fact the solution to a problem—how to get people to where they want and need to go. Our challenge is to make greater investments in this powerful solution, which makes it possible for older adults to maintain their independence and stay involved in family and community life.

Johnson and Fenson noted that both the presentations and comments from the audience would help the council frame its recommendations to the Governor.



Recommendations to the Governor

To maintain the independence and mobility of North Carolina's citizens in their later years, there are four important areas on which to focus:

- ▶ The state should promote older drivers' safety through improved roadway environments and incentives to participate in driver safety programs so that older drivers will provide their own transportation as long as possible. Older drivers rely on driving as their primary mode of transportation, and the state needs to make it as safe as possible for them to continue.
- ▶ State and local agencies should coordinate the design and delivery of transportation services so that available funding provides the most access possible through existing resources.
- ▶ Substantial additional investments in transportation services are needed, especially in rural areas where public transportation is limited.
- ▶ Greater efforts to connect people with available resources are needed, and alternative arrangements for meeting mobility needs should be developed for people without access to transportation services.

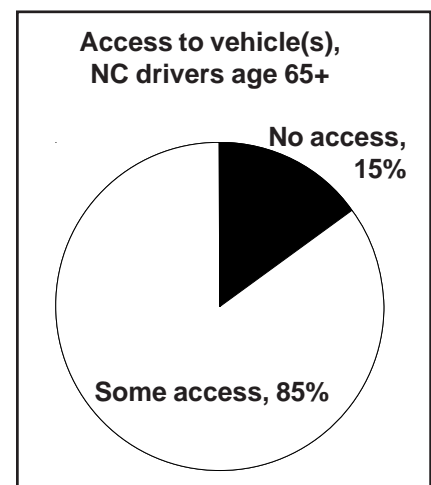
Older Drivers' Safety

- ▶ The NC Department of Transportation should adopt the Federal Highway Administration's *Guidelines and Recommendations to Accommodate Older Drivers and Pedestrians* or similar guidelines to address roadway safety and mobility for older drivers and pedestrians. The state should take steps to ensure that existing unsafe situations are addressed. To begin this process, the Governor's Advisory Council on Aging supports research and professional education to provide practical information to highway designers, traffic engineers, and highway safety specialists.
- ▶ North Carolina should pass legislation to make insurance discounts mandatory for older drivers who complete approved driver safety courses. Although 37 states currently have mandatory discounts, NC law allows insurance companies the option to offer discounts for driver safety courses.

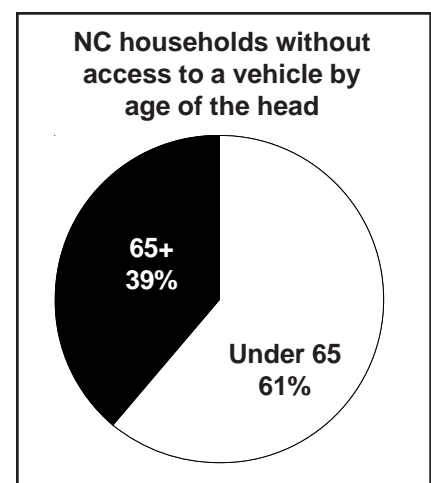
Coordinated Transportation Planning and Service Delivery

The NC Departments of Transportation and Health and Human Services should continue to work together to maximize

The Council wishes to acknowledge the written and verbal comments submitted by the forum audience. They were extremely helpful in the development of the Council's recommendations.



Data from Census 2000,
Summary File 3, H-45



resources for transportation services and address service fragmentation by requiring coordination at the state and local levels.

The departments should:

- ▶ Provide incentives for community transportation systems transporting people to regional medical facilities across county lines to coordinate these trips with bordering counties.
- ▶ Promote the coordination and, where appropriate, the pooling of resources (public, private, and volunteer) to address transportation needs.
- ▶ Promote the involvement of service providers from the aging and disability communities in the Rural Planning Organizations (RPOs) and other transportation planning efforts. Likewise, they should promote the involvement of transportation systems in human service planning efforts to address transportation needs.
- ▶ Develop incentives for businesses to include community transportation in the planning and design of commercial facilities so that the necessary bus stops, pedestrian walkways, parking lots, intersections, and other features of a business's physical location provide a senior-friendly driving and walking environment.
- ▶ Strengthen consultation services to communities relative to addressing unique community needs in order to establish the best transportation program for each area.

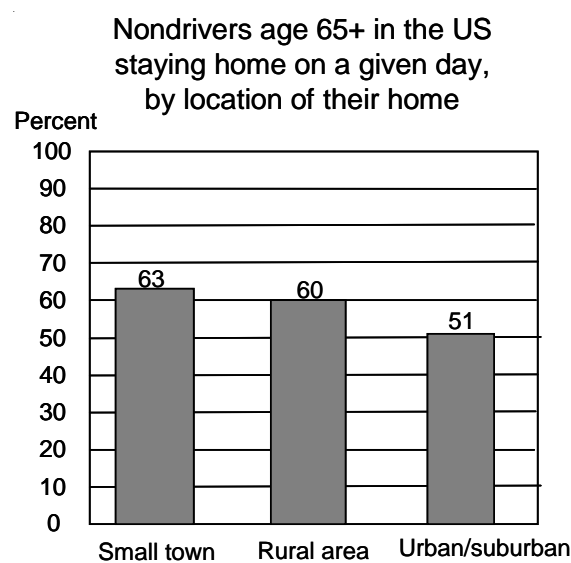
Expanded Transportation Services

Communities need additional funding to meet the demand for existing services or to provide expanded transportation services. There also are other strategies that should be pursued in order to meet existing needs. North Carolina should:

- ▶ Seek additional funding to improve public transportation services. Emphasis should be placed on expanding state funding for the Elderly and Disabled Transportation

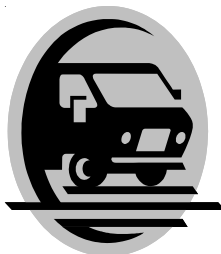
Assistance Program and the Rural General Public Transportation Program. These funds currently are allocated to counties under the Department of Transportation's Rural Operating Assistance Program.

- ▶ Encourage human service programs to invest in community transportation by purchasing their transportation services from public transportation systems, rather than purchasing their own vehicles or paying for individual trips. Such investments in community transportation over time should expand services for all people who need rides by expanding routes and hours of operation.
- ▶ Encourage public transportation systems with fixed-route services to offer free or low-cost services to older and disabled adults during nonpeak operating hours.
- ▶ Encourage further exploration of light rail for general public transportation, which will benefit older adults needing to access services at regional medical facilities.
- ▶ Examine barriers to the provision of transportation services by volunteers and identify steps to address these barriers.



From Linda Bailey, *Aging Americans: Stranded without Options*, p. 7
http://www.transact.org/library/reports_html/seniors/aging.pdf

- ▶ Identify and address the barriers to older and disabled adults using public transportation services. Such barriers could involve language, the need for specialized staff (attendants) to provide transportation assistance, or even modifications to the home environment (e.g., the need for a ramp from the house in order to board a transit vehicle).
- ▶ Undertake additional education and outreach regarding transportation services. Drivers and other public transportation staff need training on how to accommodate older and disabled riders. Older and disabled citizens and health and human services professionals (e.g., hospital discharge planners) need information about transportation resources and how to access them.
- ▶ Explore the feasibility of providing auxiliary or complementary alternatives to transportation services, such as the delivery of groceries and medicines, as a way to meet the needs of older and disabled adults.
- ▶ Examine eligibility criteria for public transportation programs and look for ways to make programs more uniform across the board, while taking into consideration unique community needs and mandated federal requirements.
- ▶ Undertake efforts to work through the National Governor's Association and the North Carolina Congressional delegation to advocate for changes in the Medicare program that would support the cost-effective use of appropriate community transportation for nonemergency medical trips, instead of limiting Medicare coverage to emergency ambulance service.



Public will is a little fractured right now about “Shall we spend more dollars for these kinds of systems, or shall we take the money back into our pockets?”

And we have to kind of wrestle with this demographic shift coming up. The counties can't support transportation systems without funds. If the state doesn't supply, then you have to come up with the money. And then local systems don't like property taxes or any other kind of local taxes.

So, the challenge is: Are you calculating how much money you will need to create a system that really matches the need? And you . . . go after than kind of money, change public will, and support candidates and county commissioners and city council people and state legislators and state leaders that will step up and support this kind of big need. . . .

I think there are a lot of us in this room that want to help get that money.

—Comment from a member of the audience

NC Transportation Overview, SFY 2002

DHHS Transportation Expenditures

Medicaid (reported by 4 divisions of DHHS)	\$27,368,206
Temporary Assistance for Needy Families (TANF)	6,575,912
Other Social Services Transportation	3,890,410
Mental Health, Developmental Disabilities, and Substance Abuse Services	7,359,986
Home and Community Care Block Grant for Older Adults and Adult Day Care Transportation	6,580,685
Vocational Rehabilitation Services	3,235,420
NC Partnership for Children (Smart Start funding)	1,529,397
Education Services (state funds from the Department of Public Instruction)	1,027,533
Child Development	945,642
Public Health	765,625
Disability Determination Services	196,484
Services for the Blind	180,299
Office of Economic Opportunity	64,286
<i>Total DHHS (federal, state, and local match)</i>	<i>\$59,719,885</i>

State Funding allocated to NC DoT for Public Transportation

Elderly and Disabled Transportation Assistance Program (EDTAP)	\$5,500,000
Rural General Public Transportation Program	4,100,000
Human Service Transportation Management Program	2,400,000
Rural Capital Program	7,750,000
Other Rural Systems Funding	6,250,000
Urban Regional New Start and Capital Funding	32,406,654
Other Urban Systems Funding	21,054,180
Other Public Transportation Funding	5,000,000
<i>Total NC DoT State Funding</i>	<i>\$84,460,834</i>



Community and human service transportation systems provided about 7 million one-way passenger trips in SFY 2002, according to NCDOT Public Transportation Division.

About the Speakers

Todd Allen is a former planner and acting transit director for the City of Raleigh and is currently director of business development for RouteMatch Software.

Scott Bogren is communications director of the Community Transportation Association of America, Washington, DC.

Ray Boylston is transportation planning coordinator for the Town of Cary.

Iris Bristow is a transportation advocate who lives in Randolph County, where she serves on the board of the Randolph Senior Adults Association.

David Eatman is manager of Tar River Transit and the current president of the NC Public Transportation Association.

Pam Hawley is a transportation program consultant with the NC Department of Transportation, Public Transportation Division.

Hazel Hill is a transportation advocate from Nash County who has ridden public transportation for years.

Gwen Hinson is transit director for Stanly County and past president and current vice-president of the NC Public Transportation Association.

David D. King is deputy secretary for transit for the NC Department of Transportation.

Kathy McGehee is transportation program administrator for the NC Department of Health and Human Services.

Roger Sheats is deputy secretary for environment, planning, and local governmental affairs of the NC Department of Transportation.

Governor's Advisory Council on Aging

Division of Aging and Adult Services

NC Department of Health and Human Services

2101 Mail Service Center

Raleigh, NC 27699-2101